

Application for Admission to Grace House Akron

Complete application online or email to holly.klein@gracehouseakron.org



Applicants must:

- Be enrolled in a hospice program
- Do not have access to a caregiver or cannot afford a caregiver
- Have a DNR CC order on State of Ohio form
- No symptoms of COVID-19 or exposure to COVID-19 within 48 hours of admission
- Negative TB test or chest x-ray
- Funeral arrangements made or in progress
- Medication and equipment delivery prior to resident arrival

Will accept residents with:

- | | |
|---------------------------------------|---|
| Colostomy | Urostomy |
| Foley Catheter | Denver Drain that hospice staff manages |
| Injections performed by hospice staff | O2 therapy/CPAP/BIPAP |
| Wounds with simple dressing changes | |

Will not accept residents with:

- | | |
|------------------------------|------------------------|
| Insulin dependent diabetes | Blood sugar monitoring |
| Residents that wander | Active TB or COVID-19 |
| MRSA (respiratory) | Ventilator support |
| Tracheostomy | Tube Feedings |
| Complicated wounds/dressings | |

In collaboration with your hospice provider, please complete the following application as thoroughly as possible.

Application for Admission to Grace House Akron

Complete application online or email to holly.klein@gracehouseakron.org



Name: _____ Phone: _____

Address: _____

SSN: _____ Date of Birth: _____

Age: _____ Gender: _____ Ethnicity: _____

Marital Status: _____

Shoe size: _____ Pant/shirt size (S, M, L, etc): _____

Number of people in immediate household:

Living situation immediately prior to Grace House Akron:

Home Nursing Home Family Member Home Without a home

Why do you want to live at Grace House Akron?

What concerns do you have about your current housing/environment?

Do you have enough food? Yes No Do you feel safe at home Yes No N/A

Please list any special care needs, preferences, or allergies:

Application for Admission to Grace House Akron

Complete application online or email to holly.klein@gracehouseakron.org



Diagnosis and Medical History:

What is your primary diagnosis? _____

Other medical history: _____

Allergies: _____

Hospice Provider: _____

Caregiver:

Do you have a caregiver now? Yes No

If yes, who is your caregiver? _____

Caregiver phone: _____

Power of Attorney:

Do you have a Health Care P.O.A? Yes No

Name: _____ Phone: _____

Do you have a Living Will? Yes No

Do you have a DNR? Yes No

Do you have a legal Guardian?

If yes, who is your Guardian? _____

Guardian phone: _____

Application for Admission to Grace House Akron

Complete application online or email to holly.klein@gracehouseakron.org



Financial Information

Occupation: _____ Retired: _____

Employer: _____

Household Income (Total monthly income): _____

Total monthly expenses: _____

Income Sources: ___ Employment ___ Retirement/Pension ___ Social Security ___ Disability
___ Other

Savings account Yes No If yes, current balance: \$ _____

IRA, 401k, Investments Yes No If yes, current balance:
\$ _____

Stocks, Bonds Yes No If yes, current balance: \$ _____

Checking Account Yes No If yes, current balance: \$ _____

Do you own home/property? Yes No If yes, value: \$ _____

Mortgage balance: \$ _____ 2nd mortgage balance if applicable \$ _____

Emergency Contact Information:

Name: _____ Phone Number: _____

Email: _____

Do you own a pet:

- If yes, please tell us about your pet(s)

Application for Admission to Grace House Akron

Complete application online or email to holly.klein@gracehouseakron.org



Is there anything else we should know about you?

Funeral Home

Name of Funeral Home: _____

Address: _____

Telephone: _____

Have funeral arrangements been finalized? Yes No

Consent to release information: I authorize the exchange of information between my physician, hospice agency, caregivers, and Grace House Akron, to coordinate care at Grace House Akron.

Signature of Applicant: _____

Signature of person signing for applicant: _____

Date: _____

Office Use Only

Approved By: _____ Date: _____

**Grace House uses the demographic information requested for statistical purposes only. Services are provided as a gift of compassion to all with no regard to race, age, gender, or lack of financial resources or income.*